Hallock (W. B.)

COTTAGE SYSTEM

FOR

TREATING THE INSANE.

BY

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THE COTTAGE OR FAMILY SYSTEM

FOR TREATING THE INSANE.

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The Cottage or Family System, or in other words, Segregation, does not mean the distribution of the insane among families, such for example as is the practice in some parts of Scotland, and at Gheel in Belgium, but their division into households of, say from thirty to fifty, and treatment in detached buildings adapted to the wants of the respective classes. For the acute, and any other cases which might need it, there would be a hospital proper attached to the administrative building, or medical headquarters. The proportion requiring strictly hospital accommodation would not exceed a quarter of the whole.

This plan is opposed, not only as being more expensive, but more difficult of management every way. Whether the objections rest on a real foundation or not, it is one of the purposes of this paper to show.

It is not unnaturally supposed that house-room for several hundreds of this class can be provided at a less expense in a single large building, than in several small ones; supposing, of course, that the latter are to contain for the inmates a sufficient amount of space.

Let us examine the matter. "Looking at the usual asylum building, it is found to consist of several stories or "flats," piled one upon the other, internally spaced off into rooms, stairways, and corridors. Owing to its height, in order to be self-sustaining, its walls must be of extra thickness, which necessitates the using of an immense amount of material not called for in small buildings. The corridors referred to (I speak of the wings), from which open all the rooms and places of exit from the ward, take up, together with the extra stairs needed in high buildings, about one-third of the entire room; that is to say, the building has to be so much larger than it otherwise would be except for this corridor space. But, it

will be asked, Is this corridor of no use in a ward except as a means by which to connect its parts with another? Does it not serve in the place of a day-room, thus saving the space which would, but for this, be devoted to the use of patients? Very true, it may do all this; and why not, since we cannot avoid having this room at our command in the present style of building? But in the modern asylum or hospital, day-rooms are supposed to be provided, and of a size sufficient for the purpose; yet, owing to the crowded condition of state institutions generally, we find that many of the day-rooms are turned into sleeping-rooms, thus forcing the patients into the corridor, which, being walled in as it were, is an unpleasant, dreary, monotonous place in the extreme. On the other hand, in those wards where the day-room is put to its legitimate use, the corridor becomes a superfluous element, nevertheless an architectural necessity under the present arrangement.

"Now what I contend for is, that these detached buildings can be so planned as to avoid the necessity of corridors, which, as before stated, will reduce the area of the building one-third. * * *

"But this is not all. So far I have compared with one another that part of the institution occupied by patients. Carrying the same principles of construction to the central, or executive group * * *, we are able to save in this part * * * a large item of expense. The center or executive building of our asylums * * * is built upon its present gigantic scale, not because it is all needed for the purpose of transacting the business of the institution—as a much smaller building would be ample for this—but because the architectural design of the structure demands it; there must be the proper architectural relation between the center and its wings."*

Owing to separation, it may be thought that these buildings would not be visited as often as would be desirable, by the medical officers. The physician, if he has an interest in his calling, and this his chosen specialty, will not let an occasional storm and a few additional steps interfere with duty. But it will be found on narrowing down the question, that the difficulties are really no greater. "The remote wings of completed asylums are as difficult to reach, taking into account the stairs to climb, as the detached buildings would be, generally speaking."† Patients needing frequent visitation would be placed in that part of the institution nearest the central group.

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* The writer, in Annual Report of Kansas State Board of Commissioners of Public Charities, 1874. † Ib.

In segregation, facilities for chapel exercises and amusements not being under the same roof for all, but at the central group, it may be thought that much difficulty would attend getting patients out to these entertainments, etc. The obstacles are less formidable than at first sight might appear. The additional amount of labor would be small, consisting only in attiring patients in their walking habit, and taking them out of doors. But this is the practice at all institutions to give the inmates exercise in outdoor walking; and whatever benefit results from it would follow of course as much in in the one case as in the other. Interruptions, it is admitted, will occur sometimes on account of inclement weather ; but, in the matter of amusements, an occasional break is not so momentous a thing as we might be led to suppose. As for the sick and the too feeble, the number of this class is small ; besides, the amusement-room is not the place for them.

Another imagined difficulty would be in regard to transferring patients from one part of the institution to another, under the erroneous supposition that it was done to any extent. Ready communicability between headquarters and detached parts of the establishment, is a desirable feature to be sure; but it will be found as easy of attainment in segregation as in the almost endless labyrinths of some of the more recent buildings.

In "close" asylums, the distribution of food and clothing, and other supplies, is done by the aid of machinery. Dispensing with this means in segregation, it is natural to infer in carrying on the internal affairs of the institution, that a large increase of help would be called for.

One unacquainted with the usages of asylums would be surprised at the exceedingly small number of inmates who do not participate one way or another, not only in the ward household work, but in other parts of the establishment, and in the care of their own persons. Yet, after all, throwing out the very few who are steady workers, it is only a small portion of the time that the patients are thus employed, the remaining time being passed by the great mass in idleness—and this by the necessities of the case. Let the visitor enter the wards by nine o'clock in the morning, and everything will be found in complete inspection order. Here is a vast ward space in which are living from thirty to forty patients in the care of two attendants, the usual proportion in state asylums. How would it be possible for these two persons to effect such results without the aid of their patients ?

It is here seen that in so far as the circumstances will admit, in a certain sense, the insane can be made self-supporting. But in our modern institution their field of employment is limited. Machinery comes in and forces them into idleness, by taking from their hands precisely the kind of labor they could easily perform and profit by. In segregation, instead of their wants being served by the aid of so much machinery, they would be taught to wait on themselves; for here there would be left more for them to do, and the work would be such as they had been accustomed to, and could still perform. Here, then, we have the question solved. In our "family" system, in each household will be found in the inmates themselves the very element needed for the task of caring for their own and each other's wants.*

Segregation admits of more speedy construction and occupancy. The work may begin by the erection of a single building for each sex. These buildings being of moderate size—yet possessing all that is requisite for the care and treatment of those who are to occupy them—could be completed within a single season; and in this way the work would proceed, each year adding one or more, as the necessities of the case would demand.

Many will doubtless think that before insane patients could be cared for, extensive preparations in the way of administrative buildings would be needed. The difficulties of the matter are somewhat apt to be exaggerated. As stated on a previous page, the executive part of our establishments, so far as size is concerned, is more the outgrowth of an architectural requirement than a real necessity. Institutions for insane are not hotels. Unlike the latter, whose population daily fluctuates largely, our insane household is more fixed. Besides, in the detached plan, executive facilities would be embodied in each section, and until several were completed the central group need not be even commenced. In the building of any large structure, especially those intended for charitable purposes, if created at the public expense, it is the exception when alterations more or less extensive are not made before or

* At the Connecticut Hospital for the Insane, since 1871, thirty patients (the average number in the hospital wards) of the chronic class, have lived, with their attendants, in two outlying houses, situated two or three minutes' walk from the main building. The carrying of the food and supplies, and clothing to and from the laundry, has been done by two patients. They are generally accompanied by an attendant; but frequently they perform this duty alone; and, in addition to this work, assist in other ways.

after completion, on account of unforeseen errors in the plan; and changes, whenever made in works of a massive and complicated character, such for example as asylum buildings, are always attended with difficulty, and, moreover, are tremendously expensive. The converse is true in segregation, for the cost attending alterations and repairs of buildings decreases in direct ratio with size and simplicity.

This plan admits of a pleasing diversity as respects location of buildings and of individual design. Differing from the "close" hospital, which in architecture has to conform to symmetry, segregation allows of a more ready adaptability of the buildings to the lay of the ground and variation in architectural style to a greater or less degree, thereby lessening the monotony of sameness—a thing which we in asylums are ever striving in numerous ways to diminish. Each building standing distinct by itself would preserve its own individuality; and, moreover, unlike the too frequent prison-like looking structure, would present in its home-like appearance something not repelling, but inviting to those who needed some other than home care.

It also involves small annual outlay; no extensive building operations going on at any one time, insuring thoroughness of work and a saving in interest on funds expended. To begin and carry out our family plan to full completion by the method of yearly expansion would require an annual expenditure never exceeding a quarter to a third of the amount usually required; and at the end of the first season's labor the practical work of the institution begins.

To complete an asylum on the old plan is the work of several years, calling for annual appropriations of sums seldom less than one hundred and fifty thousand dollars; and, as a simple calculation will show, the interest on the amount thus locked up and unavailable for practical use, would be sufficient to set and keep in motion to the end, our system of segregation. Indeed, on several asylums now in process of erection, the expenses are so enormous that the interest alone would permit of a renewal of our system on sanitary grounds, if need be, every ten years.

Current expenses would be less, as a comparatively small amount of skilled labor would be required, as in segregation the complicated machinery necessary in large institutions is dispensed with. In the matter of heating, also, there are times when warmth is needed only in particular parts of the establishment. In the large building, in order to get what little may be needed, the whole heating apparatus must be set in motion. Our small buildings we

can so adapt as to admit of certain portions being warmed without wasting heat on other parts. Again, in the "close" hospital, the plan is such that the whole extent of the dormitory space is unavoidably used by the inmates in connection with the day-room space—a thing not at all essential to their well-being—and these sleeping apartments, opening as they do into the day space, take more than half the heat required were the patients differently situated. No such waste would occur in our "family" buildings, for the reason, as stated elsewhere, they can be planned differently.

The danger from fire would be less, and the aggregate loss, either of life or property, would not be as great, should a conflagration occur. Scarcely a whole year passes that does not witness the destruction by fire, in part or in whole, of some charitable institution; and asylums for the insane by no means escape. In this country, several of these buildings have been destroyed in this way, in great part, with loss of life. No such waste of life and property would happen in detached buildings; no patients would be above the second story, and in case of fire their exit from the building would be a simple affair, compared with the difficulties which would be encountered under like circumstances in a many-storied structure; and more than one building at a time would not be likely to burn.

More perfect sanitation can be attained in segregation. In any large building filled with human beings, defects existing in the sewerage system, water supply, the heating apparatus, etc., affect more or less the health, comfort, in short the well-being of the whole institution. The same evil is experienced in case of the outbreak of an epidemic. In detachment, each family is distinct from the others, and equally unconnected with any other; and with no more than the ordinary expense, the sewerage, and if rightly planned, to a great extent the water supply, may be so that defects occurring at any one section would inconvenience and endanger no other. An important factor in preserving the health of our patients, is out-door life. Except to a limited extent, the bringing of this about in the prevailing system is attended with no slight inconvenience, owing to difficulty of egress. Our two-story buildings being planned so as to permit of bringing the patients, during the day, to the ground floor, they would be of easy access and egress from the house, readily effected without the necessity of traversing interminable corridors and stairways. Furthermore, that is an unsanitary state of things in a system which, by the very form of its architecture, compels the inhabiting, by day as well as by night, of our bedrooms. Now this is true

in great part, of insane asylums; and in order to dispel from the wards the sleeping-room odor, expensive ventilating machinery is brought into use.

The method admits of a more perfect classification. In the "close" hospital, classification is defective—too restricted—because it admits of none except that based on mental condition alone. In addition to that just named, segregation provides for the entire separation of certain classes, whose association with other insane is considered by all Superintendents to be extremely objectionable. They are as follows, viz : the epileptics; the imbeciles; criminal insane; the inebriates; colored insane; the aged and infirm. A more thorough classification in respect of social condition, can be attained; for in state asylums, which are always overcrowded, there is of necessity a mingling of all social grades.

We come now to a brief consideration of institutions solely for the chronic insane.

This method, like the Cottage or Family system, has always been opposed for various but wholly inadequate reasons, at least in the opinion of the writer. It is affirmed that in thus providing for the chronic class, the standard of treatment will be lowered; and the reason given is this: owing to the fact that there is lacking in the chronic, but present in the acute case, that hope of cure, which, for the physician, is the incentive to the best professional effort; hence the danger of neglect.

To assume such neglect, is no answer to the argument. In the conduct of these establishments is there any reason to suppose that professional pride is going to be so suddenly lost, and professional skill left dormant? In submitting it, as has to be done, at the hands of Boards of Charities, to frequent comparison with kindred institutions, would or would not the physician so direct his energies that results might tell in its favor?

In the treatment of insanity, whether acute or chronic, the great thing potent above all others, is that called moral—the regulating influence that institutions exercise over the lives of their inmates which "improves" and "restores" them. A large proportion of those discharged from asylums are characterized as "improved;" and this class is made up of a goodly number of cases brought to the asylum after chronicity, but the institution discipline has improved and partly restored them. Moreover, what have been the results at the Willard Asylum, an institution for the chronic insane? The ratio of discharged, recovered, and improved, together, to admissions, has been over six per cent. This last fact alone,

then, would seem to indicate that at these places there is yet work for the physician.

Again, it is said, that placed in an institution of this kind, its effect on the patients themselves would be pernicious, being conscious now of the brand "incurability;" while in the general asylum, occasionally seeing the recovery of a fellow inmate, they are thereby inspired with greater hope concerning their own prospects.

We are not informed as to the proportion of the chronic class that is so keenly alive and discriminating just here; if it be a large one, the assertion might carry with it some force, and the objection would be well taken. It is our experience, however, that the great mass of the chronic insane are as indifferent in regard to this particular matter as the life-long imbecile. But what is the logic of the thing? If we endow the chronic lunatic with reasoning power here, why may we not, on the other hand, do the same in respect of the recent case, and with as much reason affirm that they likewise experience injury in witnessing, as they do, *incurability* in so many of their associates?

From these remarks on separate institutions for this class, it may be inferred that a special plea is made for their establishment. Not necessarily so. If in any community the necessity for one existed, I would favor it. I would oppose them under all circumstances if they cannot take rank in organization with other institutions for the insane; for, unless put upon the same plane of medical management, they are apt to sink into and become mere exaggerated poor-houses.

At this juncture it may be noted in passing, that what has been said concerning provision for the insane on the plan of segregation, is equally applicable in the case of other classes of dependents,—the blind, deaf and dumb, orphan asylums, reformatory institutions, etc., (to say nothing of hospitals for the sick)—for here, as well as in the former, like defects abound on every side.*

In conclusion, then, I ask, in the establishment of charities is there not abundant opportunity for the display of higher and grander forms of æsthetic taste in public buildings other than those designed as the home and shelter of the poor? If artistic effect is desired, ornamentation is essential, involving heavy expenditure—while if extreme plainness is to prevail, the very form of structure (asylum) defeats architectural success, and impresses gloom and repugnance.

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* Concerning some of the above classes, this new departure has already taken form in several places.